

**HONOLULU ETHICS COMMISSION**

925 DILLINGHAM BOULEVARD, STE. 190, HONOLULU, HI 96817

TEL: (808) 768-9242 FAX: (808) 768-7768

Email: ethics@honolulu.govWebsite: <http://www.honolulu.gov/ethics/>

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HONOLULU
ETHICS COMMISSION
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2019 REGISTRATIONLobbyist Registration
(Type or Print Clearly)**PART I LOBBYIST**

NAME (Last) (First) (Middle)

Yajima, Tiffany N.

LOBBYIST FIRM/EMPLOYER (if applicable)

SanHi Government Strategies, a Limited Liability Law Partnership

TELEPHONE

808-539-0400

MAILING ADDRESS (No. and Street or P.O. Box)

999 Bishop Street, Suite 1400

FAX

808-533-4945

EMAIL

tyajima@awlaw.com

(City)

Honolulu

(State)

HI

(Zip Code)

96813

PART II.A ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)

Alliance of Automobile Manufacturers

TELEPHONE

202-326-5500

MAILING ADDRESS (No. and Street or P.O. Box)

803 7th Street, N.W., Suite 300

FAX

EMAIL

(City)

Washington

(State)

D.C.

(Zip Code)

20001

ESTIMATED NUMBER OF MEMBERS (if lobbying on behalf of members)

12

☐ Not Applicable

METHODS USED BY MEMBERS TO MAKE POLICY DECISIONS

☐ Not Applicable**PART II.B NO LONGER LOBBYING**☐ I am no longer authorized to lobby on behalf of the organization in Part II.A

DATE

PART III DESCRIPTION OF SUBJECTS ON WHICH YOU EXPECT TO LOBBY

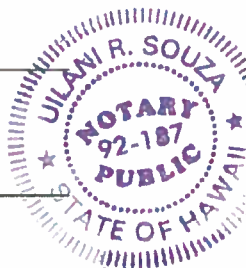
<input type="checkbox"/> Business & Economic Development	<input type="checkbox"/> Community Services	<input type="checkbox"/> Customer Services
<input type="checkbox"/> Culture & Arts	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Works, Infrastructure & Sustainability
<input type="checkbox"/> Parks & Recreation	<input type="checkbox"/> Public Health, Safety & Welfare	<input type="checkbox"/> Tourism
<input checked="" type="checkbox"/> Transportation	<input type="checkbox"/> Zoning & Planning	<input type="checkbox"/> Specific Legislation: <input type="checkbox"/> Additional Sheet(s) Attached Bill No. _____ (Year) _____ Reso No. _____ Admin. Rule No. _____ Dept. _____
<input type="checkbox"/> Other (indicate below): _____		

PART IV LOBBYIST CERTIFICATION

I hereby certify that the foregoing statements are true and correct.

LOBBYIST SIGNATURE

1/4/19
DATE



Subscribed and sworn to before me

This 4th day of January, 2019.

By: _____

NOTARY OR ANY OFFICIAL AUTHORIZED TO ADMINISTER OATHS

My commission expires:

March 24, 2020

PART V AUTHORIZATION TO LOBBY

NAME
Jeffrey Hartgen

TITLE OF AUTHORIZING OFFICER OR PERSON
REPRESENTED

Principal

NAME OF ORGANIZATION (if applicable)
MultiState Associates, Inc.

TELEPHONE
703-684-1110

MAILING ADDRESS (No. and Street or P.O Box)
515 King St, Suite 300

FAX

EMAIL

(City) Alexandria

(State) VA

(Zip Code) 22315

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

1/2/19
(Date)